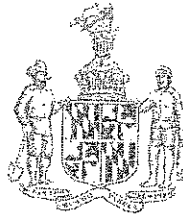


JOHN C. ASTLE
30th Legislative District
Anne Arundel County

Vice Chair
Finance Committee



James Senate Office Building
11 Bladen Street, Room 123
Annapolis, Maryland 21401
410-841-3578 • 301-858-3578
800-492-7122 Ext. 3578
Fax 410-841-3156 • 301-858-3156
John.Astle@senate.state.md.us

The Senate of Maryland

ANNAPOLIS, MARYLAND 21401

January 8, 2014

RECEIVED

JAN 17 2014

MARYLAND HEALTH
CARE COMMISSION

Ben Steffen
Executive Director
Maryland Health Care Commission
4601 Patterson Avenue
Baltimore MD 21215

Re: Draft State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services (COMAR 10.24.17)

Dear Mr. Steffen:

I have reviewed the above-referenced draft that you provided on November 19, 2013 for the Senate Finance Committee's review under Chapter 418 of the 2012 Laws of Maryland. I have a few questions about the draft to which I would appreciate your response so that I fully understand it and can formulate any comments that I may have. I understand that my local hospital Anne Arundel Medical Center may have posed some of these questions to your staff and that your staff responded in a conference call, but I would appreciate getting your response to me directly.

1. With regard to the impact standard for a new cardiac surgery program under Section .05A(2)(b) and (c), I have the following questions:

- (a) Do all existing cardiac programs in Maryland currently report to STS?
- (b) Are STS scores currently public information? If not, will the Commission have the power to obtain the STS scores for existing programs for reporting periods prior to the effective date of the Chapter? Where is this addressed in the draft?
- (c) How and when will the Commission make the STS scores of existing programs available to the public (including potential new program applicants)?
- (d) Would the lack of availability of prior STS data/scores for any existing program delay the Commission's consideration of applications for a new program in the same or in an adjacent region? Specifically, if the STS scores of an existing program for

the past three reporting periods is not available for any reason, would the unavailability of this information mean that the Commission would not accept or docket an application for a new program in the same or in an adjacent region, and/or mean that such an application would not be approvable, for this reason?

2. With regard to the definition of "service area" for purposes of demonstrating need for a new cardiac surgery program under .05A(6), I have the following questions:

(a) How does the definition of "service area" from which the applicant must demonstrate a minimum volume compare to the current cardiac State Health Plan Chapter?

(b) How does a hospital's service area under this definition compare to how the Commission has defined a hospital's service area for other purposes? Has the Commission ever adopted or recognized a non-contiguous hospital service area (which appears to be possible, if not likely, under this definition)? How did the Commission develop this definition?

(c) If a zip code is within a hospital's service area for acute care hospital services, why would the Commission prohibit the hospital from including cardiac surgery cases from that zip code in its projections for a cardiac surgery program? Why would it matter whether the hospital performed any diagnostic catheterizations from that zip code that resulted in a cardiac surgery referral in any particular year?

3. How, if at all, would the statement on page 8 that geographic access to cardiac surgery services is not a problem in Maryland affect or apply to the Commission's consideration of an application for a new program?

4. Would you please elaborate on the statement on the last page of your transmittal letter that it "may not be necessary to establish these reviews as scheduled reviews" for new cardiac surgery programs? Does this statement mean that the Commission might choose not to accept applications for new programs at all under this draft, or just that some other process might be used for the filing of such applications? When do you anticipate that the Commission will accept applications for new programs?

I would appreciate receiving a responsive letter from you prior to the Committee briefing on January 14. Thank you in advance for your cooperation.

Very truly yours,



John C. Astle